SCHEDULE B (FEC Form 3)	Use seperate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		17 18 19a 19b 20a 20b 20c X 21
Any Information copied from such Reports and Statemer for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) GENE GREEN CONGRESSIONAL CAMPA			
Full Name (Last, First, Middle Initial) 4. Ellen Cohen fo State Representative			Transaction ID: SB21.11864 Date of Disbursement
Mailing Address 4950 Bissonnet, Ste 100			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & G \\ Y & Z & O & O & G \end{bmatrix} $
	State Zip Code TX 77401		Amount of Each Disbursement this Period
Purpose of Disbursement Non - Federal Contribution Candidate Name		Category/	Refund or Disposal of Excess Contributions Required Under
Office Sought: House Disburser	ment For: 2006 Primary General Other (specify)	Type	11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) FRIENDS OF CHARLIE WILSON			Transaction ID: SB21.11851 Date of Disbursement
Mailing Address 7 CADIZ PIKE			02 7 2 7 7 2 0 0 6
,	State Zip Code OH 43912		Amount of Each Disbursement this Period
Purpose of Disbursement Federal Contribution Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: X House Senate President State: OH District: 06	ment For: 2006 Primary General Other (specify)	71	
Full Name (Last, First, Middle Initial) FRIENDS OF TAMMY DUCKWORTH			Transaction ID: SB21.11847 Date of Disbursement
Mailing Address 416 W 22ND ST			$ \begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & D \\ 0 & 2 & 0 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & D \\ 0 & 2 & 0 \end{bmatrix} $ $ \begin{bmatrix} 0 & 2 & D \\ 0 & 0 & 0 \end{bmatrix} $
	State Zip Code IL 60148		Amount of Each Disbursement this Period
Purpose of Disbursement Federal Contribution Candidate Name Category/			Refund or Disposal of Excess Contributions Required Under
	2000	Type	11 C.F.R. 400.53
Office Sought: X House Disburser X Senate President State: IL District: 06	ment For: 2006 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			4000.00
TOTAL This Period (last page this line number only)			